

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 2/15/2021

Auditor Information

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Company Name: Diversified Consultant Services

Mailing Address: P.O. Box 452

City, State, Zip: Blackshear, Georgia 31516

Telephone: (678) 200-3446

Date of Facility Visit: August 10 - 12, 2020

Agency Information

Name of Agency:

Indiana Department of Correction

Governing Authority or Parent Agency (If Applicable):

State of Indiana

Physical Address: 302 W. Washington Street.

City, State, Zip: Indianapolis, IN 46204

Mailing Address: Same as above

City, State, Zip: Same as above

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://www.in.gov/idoc/prea/>

Agency Chief Executive Officer

Name: Robert E. Carter Jr.

Email: Rcarter@idoc.in.gov

Telephone: (317) 232-5711

Agency-Wide PREA Coordinator

Name: Bryan Pearson

Email: BPearson@idoc.in.gov

Telephone: (812) 526-8434 ext. 220

PREA Coordinator Reports to:

Todd Tappy, Executive Director of Investigations & Intelligence

Number of Compliance Managers who report to the PREA Coordinator

21

Facility Information

Name of Facility: Plainfield Correctional Facility

Physical Address: 727 Moon Road

City, State, Zip: Plainfield, IN 46168

Mailing Address (if different from above):
N/A

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.in.gov/idoc/prea/>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
[Click or tap here to enter text.](#)

Warden/Jail Administrator/Sheriff/Director

Name: Mr. Stanley Knight

Email: SKnight@idoc.in.gov

Telephone: (317) 839-2513

Facility PREA Compliance Manager

Name: Michael Arthur

Email: mearthur@idoc.in.gov

Telephone: (317) 839-2513

Facility Health Service Administrator N/A

Name: Chassity Plumber-Long

Email: CPlummerLong@idoc.in.gov

Telephone: (317) 839-2513

Facility Characteristics

Designated Facility Capacity:	1,537	
Current Population of Facility:	1,413	
Average daily population for the past 12 months:	1,487	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-78	
Average length of stay or time under supervision:	384	
Facility security levels/inmate custody levels:	Level 2	
Number of inmates admitted to facility during the past 12 months:	1510	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1510	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1510	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	

Number of staff currently employed by the facility who may have contact with inmates:	331
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	280
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	177
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	96
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	68
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	20
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	8
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	3
Number of open bay/dorm housing units:	10
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	48

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	71-Agency/5-Facility
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	71-Agency/5-Facility
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department

apply (N/A if no external entities are responsible for administrative investigations)

- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The notifications of the audit were posted in the facility at least six weeks prior to the on-site audit; photographs were taken and submitted to the Auditor. The facility completed the Preaudit Questionnaire with uploaded supporting documentation on June 16, 2020. Correspondence with the PREA Coordinator and PREA Compliance Manager took place ensuring an informed audit with supporting documentation. The Auditor conducted interviews and reviewed records and other facility documentation.

An entrance conference was held on August 10, 2020. Due to health-related issues and the pandemic the facility tour was delayed until October 5, 2020. During the tour, staff members were observed interacting with inmates and providing direct supervision during activities. On the days of the audit the total population for Plainfield Correctional Facility Correctional Facility was 1,487 inmates. A total of 32 random inmates' and 9 targeted interviews were conducted. Other inmates interviewed included but were not limited to inmates who disclosed prior victimization, transgender, intersex, gay, lesbian, and bisexual inmates, and inmates who reported sexual abuse. In addition to inmates' interviews, 12 random staff interviews were conducted, and 16 specialized interviews were conducted. The responses of staff and inmates during their interviews confirmed that all had received PREA training. Staff members were interviewed from all shifts. The 41 institutional files of inmates currently assigned to the facility were reviewed. A random sampling of other facility documentation was reviewed. This sampling included, but was not limited to logbooks, shift reports, incident reports, policies and procedures, video, (28) training records/logs and curriculum. All personnel were professional, engaged, and helpful throughout the audit process.

Indiana Coalition Against Domestic Violence is an advocacy organization in which the IDOC has an agreement to provide services to assist victims of sexual abuse. The Auditor use email to communicate with ICADV along with a review service offering located on the organizational website. The Auditor also reviewed the service agreement between ICADV and IDOC provided by the PREA Coordinator.

ICADV, in partnership with other service members, advocates for changes in policies, institutions, systems, and culture. ICADV policy work focuses on advocating for legislation in the Indiana State General Assembly, educating membership about the policy process. ICADV also provides input on state agency policies and court rules related to survivors and domestic violence programs, as well as participate on state committees and work groups that address a variety of social justice issues.

During the on-site portion of the audit and after its completion, additional documentation was provided as requested. An exit conference was held on August 12, 2020.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Plainfield Correctional Facility is located at 727 Moon Rd. Plainfield, Indiana in Hendricks County. The facility, previously known as the Indiana Youth Center (IYC). Initially Plainfield housed youthful adult male offenders between the ages of 18 – 30. The facility is a “level two” medium security facility which houses an adult male inmate population.

While incarcerated, inmates can work in landscaping, recycling, housekeeping/laundry, a warehouse, and barbershop. Inmates may also participate in substance abuse treatment, anger management, parenting courses, earn a GED, and learn vocational skills like auto body repair. Plainfield programmatic offerings for inmates include a recreational library, religious services, self-help counseling groups, dayroom activities with television viewing, and an outdoor recreation yard and indoor gym.

The facility includes an administrative operations building, medical/mental health services, education departments, a chapel, law library, food services, maintenance shops and a prison industries area. The industries area has a supply warehouse and laundry facility. The warehouse houses the inmate canteen. Facility staff and PEN (Prison Enterprises Network) Products employees supervise inmates working in the warehouse.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

Corrective Actions:

Standard 115.13: Supervision and monitoring

PREA unannounced rounds were conducted and documented by an Officer-in-Charge. Likewise, in the same sample, the Officer-in-Charge of the shift was a Sergeant. Problematic, the Auditor found evidence of intermediate or higher-level supervisors working the same shift but the responsibility for conducting PREA unannounced rounds was relegated to mid-level or line officers. To correct the problem, Plainfield re-trained staff, the Warden issued a memorandum outlining the policy and practices the agency has adopted for conducting unannounced PREA rounds and identified the location where Plainfield managers will document all PREA unannounced rounds. Further, the corrective action required the review of a second sample of PREA unannounced rounds dated 1/15/2021 for compliance with Standard 115.13. Corrected

Standard 115.17: Hiring and promotion decisions

The Auditor reviewed seventeen (17) employees criminal background checks on current employees. Problematic, from the sample set of criminal background records checks the Auditor determined that Plainfield did not complete criminal background checks at least every five years on current employees and contractors. More, eleven (11) background checks were not completed in accordance with Standard 115.17. Subsequently, as part of the corrective action Plainfield completed outdated criminal background checks. The Auditor reviewed seventeen (17) employees criminal background checks on current employees. Problematic, from the sample set of criminal background records checks the Auditor determined that Plainfield did not complete criminal background checks at least every five years on current employees and contractors. More, eleven (11) background checks were not completed in accordance with Standard 115.17. Subsequently, as part of the corrective action Plainfield completed outdated criminal background checks to meet this standard. After a review, Plainfield has a system in place to capture criminal background checks for current employees, promotions, and contractors. The facility will conduct criminal background checks every four years. Criminal background checks on potential promotion candidates will be conducted as needed prior to promotion. Corrected

Standard 115.31: Training and education

Problematic, after weeks of inquiry, Plainfield produced records to validate refresher training occurred every two years as required in this standard, to ensure that all employees comprehend the agency's current sexual abuse and sexual harassment policies and procedures. The Auditor examined a sample of training records which revealed that one (1) staff person had not completed PREA refresher training as required in this standard. To correct the problems noted above (1) the sole employee completed training as required in this standard. The PREA Coordinator provided investigators with PREA education to meet this standard. The PREA Coordinator provided the Auditor with documentation of the training. Corrected

Cautionary concern:

IDOC has a policy that requires staff to complete PREA training annually and provide documentation to the training coordinator. Plainfield could not demonstrate compliance with Policy 02-11-115 (Sexual Abuse Prevention), Section V. While annual PREA refresher training is not a mandate for this standard. Standard 115.31 (C) does require in years in which an employee does not receive refresher training, the agency and by extension the facility to provide refresher information on current sexual abuse and sexual harassment policies. The Auditor found inconsistent application of 115.31 (C).

Standard 115.34: Specialized training: Investigations

Problematic, during a review of training documents the Auditor determined by examination that several investigators training records failed to demonstrate that in years in which the investigators did not receive refresher training, the agency and by extension the Office of Investigation and Intelligence provided the investigators with refresher information on current sexual abuse and sexual harassment policies. The PREA Coordinator provided the training, documented staff in attendance and provided the Auditor with evidence of the training. Corrected

Standard 115.67: Agency protection against retaliation

The facility PAQ, 115.67 (c) -5, indicates the number of times an incident of retaliation occurred in the past 12-month period as zero (0). The Auditor review of investigative reports found one (1) incident of retaliation against an inmate. The staff (accused) was called to military duty during the investigation and therefore was not interviewed. It was unclear if or when he returned from active duty or what actions Plainfield took to address the PREA violation. The absence of follow-up leaves in question if the facility took the appropriate measures to protect the inmate against retaliation.

Equally problematic, was a review of a sample of Plainfield PREA Retaliation Monitoring forms relative to this review period. The Auditor determined that monitoring abruptly ends during the period of observation without justification for the discontinuation of the retaliation monitoring.

Plainfield will re-open an investigation which led to staff retaliation of an inmate. The officer returned from military duty. The PCM indicates that he spoke to the officer regarding the allegation of retaliation. The officer denied the allegation of retaliation. No documentation exists to support the PCM's conversation with the officer. The PCM did not interview witnesses nor review video footage of the incident. Plainfield will provide all security staff to include custody supervisors with re-fresher training regarding Standard 115.67 combined with applicable agency policies relative to the subject of retaliation. The PREA Compliance Manager will participate in the training. Plainfield will document attendance by printing the names of all custody staff, documenting the training date, and providing a signature of acknowledgement.

The agency PREA Coordinator has revised the retaliation form to include dates and times monitoring occurred and provide a signature line for the inmate being monitored. In the event retaliation monitoring ends because an inmate is transferred, discharged, etc. the retaliation monitor will notate the reason for the discontinuation of the monitoring. Likewise, the Auditor will examine retaliation monitoring for as long as is necessary to determine if corrective action was effective. Corrected

Standard 115.71: Criminal and administrative agency investigations

Written reports of PREA investigations were inconsistently documented to support findings. In general reports lack the requisite thorough descriptions of the physical, testimonial, and documentary evidence. Other reports contained little documentary evidence. Witness statements were absent from the investigation and some investigations completed by the PREA Compliance Manager were in fact investigated by OII. The form and format varied from report-to-report for investigations generated from the Office of Internal Investigations and the facility. The Auditor found it problematic to read through some case reports and understand the steps the investigator employed to arrive at a conclusion. In one incident of documented retaliation the facility failed to complete the investigation with a statement

from the accused staff person upon his return from military duty. The facility failed to obtain statements from the inmate witnesses.

1. IDOC will modify the electronic document, Report of Investigations to reflect the findings of the investigator. The Case Status of the investigation should reflect the narrative found in the conclusion or disposition of the investigation.
2. Some sexual abuse investigations were completed by Plainfield PREA Compliance Manager instead of the Office of Internal Investigations. All sexual abuse allegations (Abusive Contact, non-consensual sex acts, staff sexual misconduct) must be investigated by the Office of Internal Investigations, investigators that have completed the specialized investigative training as required in Standard 115.34. The PCM should not conduct Sexual Abuse investigations. This is also in keeping with the IDOC policy.
3. The PREA investigative checklist will be part of the corrective action to improve the quality and consistency of written reports. All reports will contain a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. All investigators must complete the investigative checklist and ensure the report documents the items on the checklist. The PREA Coordinator will provide a PowerPoint presentation that PREA Investigator must be reviewed by all investigators at Pendleton. After review of the PowerPoint presentation investigators will sign off that they have reviewed it. The PREA Coordinator will provide the Auditor with copies of all acknowledgement of training documents.
4. The Auditor will review all investigations completed for the next 30 days. **Corrected**

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper level of the agency hierarchy? Yes No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No N/A

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC Policy 02-02-115 (Sexual Abuse Prevention) established that the agency has a written policy. The written policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment as outlined in Policy 02-01-115. A review of the organization chart identifies that a PREA Coordinator has been designated by the IDOC. The position of PREA Coordinator is a member of IDOC upper level of the agency hierarchy. During his interview, the PREA Coordinator confirmed that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

In addition, a review of the Plainfield organization chart and PAQ verifies that a PREA Compliance Manager (PCM) was designated by Plainfield Correctional Facility. Plainfield designated an Administrative Assistant 4 as the PREA Compliance Manager for the facility. The PCM reports to the Deputy Warden of Operations for all matters relating to PREA compliance. During his interview, the PREA Compliance Manager confirmed that he had sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. Plainfield Correctional Facility met the requirements of Standard 115.11.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Organizational Chart
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

Cautionary Note:

Throughout the audit process the Auditor found it difficult to obtain supporting documentation to determine compliance with numerous standards. Repeated request conveyed through the PREA Coordinator took an inordinate amount of time to obtain from the facility. The Pre-audit Questionnaire (PAQ) completed by the PREA Compliance Manager was filled reporting inconsistencies and errors. Considering the current pandemic, this Auditor will simply make it known that a problem exists at this facility.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No N/A

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No N/A

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has entered into 7 contracts. All applicable contractors are required to adopt and comply with PREA standards. Plainfield Correctional Facility met the requirements of Standard 115.12.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No N/A
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No N/A

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) addresses Standard 115.13. The Auditor reviewed a sample of unannounced rounds for the prior 12-month period. Plainfield unannounced rounds were documented in facility logbooks and General Housing Daily Logs. Policy 02-01-115 mandates that unannounced rounds are conducted by intermediate-level or higher-level supervisors to identify and deter staff sexual misconduct and sexual harassment on all shifts. Staff are prohibited from alerting other staff members that these supervisory rounds are occurring. Samples reviewed included evidence that the corrected practice implemented by Plainfield included night shifts as well as day shifts. In some samples, PREA unannounced rounds were conducted and documented by an Officer-in-Charge. Likewise, in the same sample, the Officer-in-Charge of the shift was a Sergeant. Problematic, the Auditor found evidence of intermediate or higher-level supervisors working the same shift but the responsibility for conducting PREA unannounced rounds was relegated to mid-level or line officers. To correct the problem, Plainfield re-trained staff, the Warden issued a memorandum outlining the policy and practices the agency has adopted for conducting unannounced PREA rounds and identified the location where Plainfield managers will document all PREA unannounced rounds. Further, the corrective action required the review of a second sample of PREA unannounced rounds dated 1/15/2021.

The Auditor confirmed that the Warden meets with the Deputy Warden, Human Resources, and the Department Heads monthly to discuss staffing, programs, and services. Plainfield has a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. The 2018 and 2019 staffing plans considered each factor outlined in 115.13 (a). At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviewed the staffing plans to see whether adjustments are needed. After corrective action, Plainfield met the requirements of Standard 115.13.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)

- Plainfield Correctional Facility Memo: Opposite Gender Announcements
- Plainfield Correctional Facility documents: General Housing Daily Logs
- Auditor review of unannounced rounds
- Auditor review of staffing plan
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with staff who conduct unannounced rounds

Corrective Action:

PREA unannounced rounds were conducted and documented by an Officer-in-Charge. Likewise, in the same sample, the Officer-in-Charge of the shift was a Sergeant. Problematic, the Auditor found evidence of intermediate or higher-level supervisors working the same shift but the responsibility for conducting PREA unannounced rounds was relegated to mid-level or line officers. To correct the problem, Plainfield re-trained staff, the Warden issued a memorandum outlining the policy and practices the agency has adopted for conducting unannounced PREA rounds and identified the location where Plainfield managers will document all PREA unannounced rounds. Further, the corrective action required the review of a second sample of PREA unannounced rounds dated 1/15/2021 for compliance with Standard 115.13.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No N/A

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No N/A
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No N/A

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No N/A

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No N/A
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No N/A

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Plainfield Correctional Facility does not house youthful inmates. Plainfield Correctional Facility met the requirements of Standard 115.14.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 01-04-102 (Classification Assignments for Youth Incarcerated as Adults and Alternatively Sentenced Youth)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No N/A
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No N/A

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No N/A

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-03-101 (Searches and Shakedown) and Policy 02-10-1118 (Transgender and Intersex Offenders) address the requirements in Standard 115.15. For example, Policy 02-03-101 indicates that "...except during an emergency as declared by the Warden or designee, a strip search must afford the offender reasonable privacy and shall be conducted by staff of the same gender. Opposite gender strip searches of an offender shall not be conducted unless the opposite gender staff member, in his/her professional judgment, has reasonable cause to believe that a delay in retrieving possible prohibited property would jeopardize the safety, order, and/or security of the facility. If a strip search is conducted by an opposite gender staff member, the strip search shall be documented on an Incident Report and submitted to the Custody Supervisor or designee."

Random staff interviewed described for the Auditor the facility requirements for searching inmates. Random staff interviewed confirmed that the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners. There were twelve (12) random staff interviews conducted. Likewise, twelve (12) random staff training files were reviewed and to confirm that all staff received training on the facility policy that does not allow cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches be conducted. During his interview, the PREA Compliance Manager confirmed that Plainfield Correctional Facility had zero occurrences of cross-gender strip searches or visual body cavity searches within the last twelve months. Plainfield Correctional Facility meet the requirements of Standard 115.15.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-03-101 (Searches and Shakedown)
- Policy 02-01-118 (Transgender and Intersex Offenders)
- Training Acknowledgment sheets
- Plainfield Correctional Facility documents: General Housing Daily Logs

- Observations of the Auditor during the on-site portion of the audit
- Interview with inmates and staff
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) address the policy requirements of Standard 115.16. IDOC takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient. They have an on-going contractual agreement to provide inmates with disabilities or who are limited English proficient with any needed assistance. The facility is equipped with posters in alternate languages such as Spanish to ensure inmate education.

IDOC utilizes an "Over-the-phone" interpretive service that can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. These "Over-the-phone" services are available 24 hours a day. During random interviews (100%) facility staff confirmed that they always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

The facility confirmed that in the last 12 months they relied on zero inmate interpreters, readers, or other types on inmate assistance involving PREA cases or investigations. Plainfield Correctional Facility met the requirements of Standard 115.16.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy ISP16-03 (Telephonic and In Person Interpretive Service)
- Policy 00-02-202 (Offenders with Physical Disabilities)
- Plainfield Correctional Facility Memo: Interpreter Services
- Observations of the Auditor during the on-site portion of the audit
- Interview with inmates and staff
- Interview with the PREA Coordinator

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No N/A

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 04-03-102 (Human Resources) and Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff) prohibits the hiring or promotion of anyone who may have contact with inmates, and prohibits enlisting the services of any contractor who may have contact with inmates, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997) address the policy requirements of Standard 115.17.

IDOC policies require criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with inmates.

According to the PREA Coordinator, the agency prohibits the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The agency considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination. The PREA Coordinator also confirmed in his interview that the agency asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees and provided evidence. Furthermore, the PREA Coordinator acknowledged the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct and he also provided evidence in the form of the employment application form for the Indiana Department of Corrections.

The PREA Compliance Manager confirmed during his interview that IDOC prohibits the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Facility employment records confirmed in the last 12 months, 198 individuals were hired who have contact with inmates and each received a criminal background check as part of the pre-employment onboarding process. Further, the facility completed 177 criminal background checks as part of the pre-employment onboarding process for contract employees. The Auditor reviewed seventeen (17) employees criminal background checks on current employees. Problematic, from the sample set of criminal background records checks the Auditor determined that Plainfield did not complete criminal background checks at least every five years on current employees and contractors. More, eleven (11) background checks were not completed in accordance with Standard 115.17. Subsequently, as part of the corrective action Plainfield completed outdated criminal background checks to meet this standard. On review, Plainfield developed a system to capture criminal background information for current employees, promotions, and contractors. After corrective action, Plainfield Correctional Facility met the requirements of Standard 115.17.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 04-03-102 (Human Resources)
- Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff)
- Sample of staff criminal background checks
- Interviews with staff
- Interview with the Human Resources representative
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

Corrective Action:

The Auditor reviewed seventeen (17) employees criminal background checks on current employees. Problematic, from the sample set of criminal background records checks the Auditor determined that Plainfield did not complete criminal background checks at least every five years on current employees and contractors. More, eleven (11) background checks were not completed in accordance with Standard 115.17. Subsequently, as part of the corrective action Plainfield completed outdated criminal The Auditor reviewed seventeen (17) employees criminal background checks on current employees. Problematic, from

the sample set of criminal background records checks the Auditor determined that Plainfield did not complete criminal background checks at least every five years on current employees and contractors. More, eleven (11) background checks were not completed in accordance with Standard 115.17. Subsequently, as part of the corrective action Plainfield completed outdated criminal background checks to meet this standard. Plainfield developed a system to capture criminal background information for current employees, promotions, and contractors. I background checks to meet this standard. Plainfield developed a system to capture criminal background information for current employees, promotions, and contractors.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No N/A

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No N/A

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Plainfield Correctional Facility indicated on their PAQ they have not acquired any new facility additions or made substantial expansions or modifications to the existing facility since the last PREA audit. The facility did indicate there has been an install or update to a video monitoring system, electronic surveillance system, or other monitoring technology. Plainfield met the requirements of Standard 115.18.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Observations of the Auditor during the on-site tour
- Interviews with the PREA Compliance Manager
- Interview with the PREA Coordinator

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No N/A

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No N/A
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No N/A

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No N/A
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No N/A

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination

issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No N/A

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Indiana Code (IC) 11-10-3-5, Co-payment Requirements; exceptions outline circumstances when an inmate is not required to pay for medical services such as (1) the service is provided in an emergency; (2) the service is provided because of an injury received in a correctional facility; or (3) the service is provided at the request of the administrator of a correctional facility. IDOC offers all inmates who experience sexual abuse access to forensic medical examinations, without financial cost, where evidentiary or medically appropriate.

The agency is responsible for investigating allegations of sexual abuse. IDOC follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. More, the agency has PREA trained investigators from the Office of Investigation and Intelligence, who are responsible for investigating allegations of sexual abuse. IDOC follows the National Protocol for Sexual Assault Forensic Examinations as delineated by The Office of Violence Against Women, which details the requirements for investigating allegations of sexual abuse.

The PREA Compliance Manager confirmed inmates can be taken to a local hospital based on guidance from the medical authority. Several local hospitals accept inmates for emergency treatment such as Terre Haute Regional Hospital, Harrison, or Hendricks Regional Health Hospitals. Inmates can receive emotional support and victim advocacy counseling/services, through an affiliate of the Indiana Coalition Against Domestic Violence.

All staff interviewed demonstrated knowledge that a sexual assault victim should be transported to a local community hospital for a SANE/SAFE forensic examination. IDOC policy indicates that the forensic examination would be conducted at no expense to the victim. Plainfield has trained qualified agency staff, termed Sexual Assault Response Team (SART) members on each shift. These team members were screened by the facility to serve in the role. When applicable, a SART member could serve as victim advocate, accompany the victim to the hospital and provide support through the forensic examination process. The victim of a sexual assault would receive follow-up for emotional support, crisis intervention, information, and community advocacy referrals from a medical and/or mental health practitioner, as needed. The PREA Coordinator provided the Auditor with the SART

training curriculum for review. The curriculum provides education concerning sexual assault, forensic examination and the agency's policies and procedures relative to this standard.

Further, the PREA Coordinator provided the Auditor with detailed specifics related to the agency's contractual agreement with the Indiana Coalition Against Domestic Violence (ICADV) and explained what services are provided by the vendor. The facility confirmed that in the last twelve months, zero incidents occurred where an inmate was sent to the hospital for a forensic examination. Plainfield Correctional Facility met the requirements of Standard 115.21.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigations and Intelligence)
- Contractual agreement with Indiana Coalition Against Domestic Violence
- List of medical and mental health employees and copies of certificates of completion of specialized training
- Interviews with staff (random and specialized)
- Interviews with staff (random and specialized)
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No N/A

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.22. The policy is in place to ensure that allegations of sexual abuse or sexual harassment are investigated by a legal authority to conduct criminal investigations. The policy is available and accessible on the agency website. The facility PAQ confirmed there were nine (9) allegations of sexual harassment, eight (8) allegations of inmates being sexually abused and zero allegations where staff were notified within a time that still allowed for the collection of physical evidence. The Auditor confirmed by examination that in each allegation of sexual abuse the inmate was notified in writing of the outcome of the investigation. All sexual assault allegations were investigated, closed. Plainfield Correctional Facility met the requirements of Standard 115.22.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Review of the agency website
- Review of investigative files
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

- Interview with an investigator from the Office of Investigation and Intelligence
- Interviews with staff (random)

TRAINING AND EDUCATION

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) address the requirements of Standard 115.31. The policy indicates that all allegations of sexual abuse shall be investigated.

The Auditor reviewed 12 random and 16 specialized training files of Plainfield employees. These training files reflect that staff received the appropriate training as described in this standard. The training curriculum provided by the PREA Coordinator was reviewed by the Auditor. The training curriculum was tailored to the gender (male) of the inmates at Plainfield. The facility provided samples of Mandatory Pre-Service PREA Questions and Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention" documented on 28 employees. Volunteers were not present during the onsite audit of this facility. Volunteerism was suspended out of an abundance of caution

given the Covid-19 pandemic. Contractors for Wexford and Aramark were interviewed by the Auditor each employee demonstrated and understanding of agency's zero tolerance policy and how to report any allegation of sexual abuse or sexual harassment to a supervisor.

Problematic, after weeks of inquiry, Plainfield produced records to validate refresher training occurred every two years as required in this standard, to ensure that all employees comprehend the agency's current sexual abuse and sexual harassment policies and procedures. The Auditor examined a sample of training records which revealed that one (1) staff person had not completed PREA refresher training as required in this standard. To correct the problems noted the above (1) one employee completed training as required in this standard. The PREA Coordinator provided investigators with PREA education to meet this standard. The PREA Coordinator provided the Auditor with documentation of the training.

More, the same training records for investigators failed to demonstrate that in years in which the investigators did not receive refresher training, the agency and by extension the Office of Investigation and Intelligence provided the investigators with PREA refresher education or information on current sexual abuse and sexual harassment policies.

The Auditor also received PREA training curriculum that includes an explanation of inappropriate contact with inmates as indicated in Policy and Administrative Procedure 04-03-103, "Information and Standards of Conduct for Departmental Staff," and the prohibitions against sexual contact with offenders as stated in the Indiana Code (IC 35-44.1), trains all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse and on inmates' right to be free from sexual abuse and sexual harassment. After corrective action, Plainfield Correctional Facility met the requirements of Standard 115.31.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Policy 01-05-101 (Staff Development and Training)
- Plainfield Correctional Facility documents: Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention"
- Plainfield Correctional Facility documents: Mandatory Pre-Service PREA Questions
- Auditor review of training files
- Auditor review of training curriculum/brochures
- Interviews with staff
- Interview with the PREA Compliance Manager

Cautionary concern:

IDOC has a policy that requires staff to complete PREA training annually. Plainfield could not demonstrate compliance with Policy 02-11-115 (Sexual Abuse Prevention), Section V. While annual PREA refresher training is not a mandate for this standard. Standard 115. 31 (C) does require in years in which an employee does not receive refresher training, the agency and by extension the facility to provide refresher information on current sexual abuse and sexual harassment policies. The Auditor found inconsistent application of 115.31 (C).

Corrective action:

Problematic, after weeks of inquiry, Plainfield produced records to validate refresher training occurred every two years as required in this standard, to ensure that all employees comprehend the agency's current sexual abuse and sexual harassment policies and procedures. The Auditor examined a sample of training records which revealed that one (1) staff person had not completed PREA refresher training as required in this standard. To correct the problems noted above (1) the sole employee completed training as required in this standard. The PREA Coordinator provided investigators with PREA education to meet this standard. When staff complete training from outside sources, they are responsible for turning in a copy of their certificate to the training coordinator. The PREA Coordinator provided the Auditor with documentation of the training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Plainfield has suspended volunteerism due to the pandemic. All volunteers and contractors who had contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention and detection. The facility currently has a combined total of 164 volunteers and contractors.

The curriculum the agency utilized for PREA education and training provides a level and type of training based on the services being provided by a contractor or volunteer and the degree of contact with inmates. The curriculum also covers the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informs contractors and volunteers how to report such incidents. The Auditor interviewed contractors from Wexford and Aramark. Plainfield Correctional Facility met the requirements of Standard 115.32.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- IDOC Visitor PREA Brochure
- Acknowledgment of receipt of training
- Interview with the PREA Compliance Manager
- Interviews with contractors (Wexford/Aramark)
- Examined training records

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) address the requirements of Standard 115.33. The policy mandates inmate PREA orientation using multiple communication platforms such as verbal, written, brail and video. Orientation information is also provided for those inmates who are limited English proficient, deaf, or otherwise disabled.

Inmates were knowledgeable of their rights. More, the orientation informs inmates of the agency zero tolerance policy and how to report sexual abuse and sexual harassment. Each inmate signs an acknowledgement form indicating that orientation information which includes PREA, was provided by staff and that the educational information and orientation was provided in a manner they understood.

Intake SVAT's and acknowledgement forms reviewed onsite, confirmed that within 30 days of intake, Plainfield provides age-appropriate comprehensive education to inmates in person regarding their right to be free from sexual abuse and sexual harassment, as well as their right to be free from retaliation for reporting such incidents. Inmates understanding of PREA also verified through a sample of interviews with targeted and random inmates at Plainfield. Furthermore, inmates sampled were knowledgeable of the grievance process and felt that their grievance would be addressed by the facility.

IDOC/Plainfield also utilizes PREA informational posters placed in prominent locations in the facility. The posters outline various methods of reporting sexual abuse and sexual harassment. The posters were noted during the onsite PREA facility tour. The Auditor noted PREA education and information displayed in locations visible to staff, visitors, and inmates. The information was displayed in both English and Spanish.

Other PREA related notices were displayed on living units, alerting inmates that sexual abuse reports can be submitted by writing or calling the Indiana Ombudsman Bureau. The IDOC Indiana Ombudsman Bureau was created by the legislature in the fall of 2003. Per IC 4-13-1.2-1 through 4-13-1.2-12. The Bureau is charged with the responsibility of receiving, investigating, and attempting to resolve complaints from inmates housed in IDOC facilities or inmates' family members that the IDOC accuses of violating a specific law, rule, department written policy or endangered the health or safety of a person.

A total of forty-one (41) inmate institutional and clinical files were reviewed to verify that inmates received information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment during their intake process.

The facility PREA Compliance Manager confirmed information contained in the PAQ relative to this standard. In the last twelve months, all inmates admitted including transfers to the facility received PREA education and information. Plainfield Correctional Facility met the requirements of Standard 115.33.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Auditor review of inmate education materials/inmate brochure
- Inmate acknowledgment forms
- Auditor review of inmate's files
- Interviews with staff (random and specialized)
- Interviews with inmates (random and targeted)
- Interview with the PREA Coordinator

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No N/A

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No N/A
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No N/A
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No N/A

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
 Yes No N/A

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
 Yes No N/A

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) and Policy 00-01-103 (Investigation and Intelligence) address the IDOC's approach to Standard 115.34. The Office of Investigations is responsible for conducting investigations of alleged misconduct by staff and offenders and assisting in maintaining safety and security in the Department's facilities. Investigators are directed by policy to conduct investigations:

1. A prompt, thorough, and objective investigation of sexual abuse and/or sexual harassment shall begin:
 - a. As outlined in Investigating Allegations of Misconduct;
 - b. Upon activation of a facility SART team; and/or,
 - c. If determined to be necessary following an administrative review.
2. If the alleged sexual conduct involves an offender/youth under the age of eighteen (18), the incident shall be reported to the Child Protective Services as required in policy and

Administrative Procedure 03-02-103, "The Reporting, Investigation, and Disposition of Child Abuse and Neglect." Plainfield does not house youthful inmates.

3. Investigations of sexual abuse or sexual harassment shall be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
4. Investigators shall:
 - a. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
 - b. Interview alleged victims, suspected perpetrators, and witnesses; and,
 - c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.
5. The Garrity warning shall be used when interviewing staff for simple fact-finding.
6. An effort shall be made to determine whether staff actions or failures contributed to sexual abuse or sexual harassment.
7. An additional staff member, uninvolved in the case, shall be present during interviews, for one of the staff members to be of the same gender as the subject of the interview.
8. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender, youth, or staff. No facility shall require an offender or youth who alleges sexual abuse to submit to a polygraph examination, voice stress analysis, or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
9. The standard of measure for sexual abuse and sexual harassment administrative investigation is the preponderance of the evidence. When the evidence supports criminal prosecution, the agency shall consult with the prosecutor prior to conducting compelled interviews. Substantiated cases that appear to be criminal in nature shall be referred for prosecution.
10. The departure of the alleged perpetrator(s) or victim(s) from employment or custody/supervision will not warrant termination of an investigation. Outside law enforcement shall be contacted if this occurs.
11. Consultation with the prosecutor's office or Indiana State Police is permitted at any time during an investigation. If deemed appropriate, Indiana State Police may assist in an investigation of an act of sexual abuse or sexual harassment reported to facility investigators. Facility investigators shall be responsible for the coordination of all investigations.
12. Follow up with an offender's/youth's allegation of sexual abuse or sexual harassment shall be done in accordance with Policy 02-01-115, Sexual Abuse Prevention, examination of training files for investigators confirmed that each investigator completed specialized training in conducting investigations in confinement settings at least once.

Problematic, training records failed to demonstrate that in years in which the investigators did not receive refresher training, the agency and by extension the Office of Investigation and Intelligence

provided the investigators with refresher information on current sexual abuse and sexual harassment policies. After corrective action, Plainfield Correctional Facility met the requirements of Standard 115.34.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigations and Intelligence)
- Example Training: The Moss Group, PREA Specialized Investigations Training Program, Michael Arthur dated February 28-March 2, 2018
- Example Training: The Moss Group, PREA Specialized Investigations Training Program, Richard Gaskin dated February 28-March 2, 2018
- Moss Group Specialize Training Curriculum
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with the Warden
- Interview with the PREA Investigator

Corrective Action:

Problematic, during a review of training documents the Auditor determined by examination that several investigators training records failed to demonstrate that in years in which the investigators did not receive refresher training, the agency and by extension the Office of Investigation and Intelligence provided the investigators with refresher information on current sexual abuse and sexual harassment policies. The PREA Coordinator provided the training, documented staff in attendance and provided the Auditor with evidence of the training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No N/A
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No N/A
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No N/A

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No N/A

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
 Yes No N/A

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No N/A

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No N/A
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No N/A

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-11-115 (Sexual Abuse Prevention) addresses the policy requirement for Standard 115.35. The medical staff at Plainfield Correctional Facility does not conduct forensic medical exams. IDOC maintains documentation that medical and mental health practitioners have received the required specialized and general PREA training referenced in this standard. The Auditor verified by examination training documents for medical and mental health staff. The documentation indicates that training was conducted, and that specialized staff were retrained yearly. The Auditor interviewed a sample of medical and mental health practitioners during the audit. All specialized staff sampled confirmed receiving PREA refresher training yearly. Plainfield Correctional Facility met the requirements of Standard 115.35.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Review of specialized training certifications for medical and mental health staff
- Interviews with Medical and Mental Health Staff
- Interview with the PREA Coordinator

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.41. The policy requires staff to screen all inmates (upon admission to a facility or transfer to another facility) for risk or history of sexual victimization or a history of sexually abusive behavior. The policy requires screenings to ordinarily occur within 72 hours of arrival. IDOC/Plainfield uses an objective screening instrument termed the Sexual Violence Assessment Tool (SVAT) to assess inmates for a history of victimization, prior acts of sexual abuse, and any history of prior institutional violence or sexual abusiveness. SVAT includes the risk criteria outlined in Standard 115.41. More, inclusive in the SVAT are questions regarding the inmate's own perception of vulnerability. According to the PREA Coordinator, Plainfield does not hold inmates in custody solely for civil immigration violations.

IDOC/Plainfield considers all results from the assessment (SVAT) confidential and the assessment is filed in the appropriate inmate's institutional file. According to the PREA Compliance Manager and specialized staff interviewed, Plainfield has in place appropriate controls such as password protection that limits access to sensitive information and ensures that such information is not exploited to the inmate's detriment by staff or other inmates.

Within a set time not more than 30 days from the inmate's arrival at the facility, Policy 02-01-115 mandates that facilities/Plainfield reassess inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The Auditor reviewed forty-one (41) institutional and clinical files. Seven (7) inmate referrals for mental health services were completed by intake staff based on answers from the SVAT questionnaire dated 8/3/2020. Interviews with specialized staff confirmed for the Auditor that a reassessment of an inmate's risk level would occur if warranted due to receipt of additional information that could impact the inmate's risk of sexual victimization or sexual abusive behavior. Plainfield Correctional Facility met the requirements of Standard 115.41.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Review of inmate screenings
- Review of Sexual Violence Assessment Tool (SVAT)
- Observations made during the on-site portion of the audit
- Interviews with specialized staff
- Interviews with inmates (random and targeted)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No /NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No N/A
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No N/A

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) indicates that the facility shall use information from the risk screening instrument (SVAT) to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

Policy and Administrative Procedure 01-04-101, Adult Offender Classification indicates that the facility shall make individualized determinations about how to ensure the safety of each inmate. Within twenty-four (24) hours of an inmate transfer to another facility, staff making housing assignment decisions at the receiving facility reviews the inmate's PREA flag status to determine whether the inmate is a potential aggressor or a potential victim when determining a housing assignment.

Plainfield does not house Youthful Inmates. According to specialized staff interviewed during the onsite portion of this PREA audit, inmates identified as potential PREA aggressors are not housed in the same cell as a potential PREA victim. Likewise, inmates identified as potential PREA aggressors are not given bed assignments adjacent to an inmate that is identified as a potential PREA victim. Plainfield makes individualized determinations about how to ensure the safety of each inmate to reduce the likelihood of sexual victimization.

Intake staff interviewed confirmed that an inmate's biological sex, gender identity, and their own perceptions of vulnerability are examples of four factors IDOC considers when determining whether an inmate is likely to become a victim of abuse. Facility security management is a pivotal factor in applicable decision processes when considering inmate housing, bed, work, education, and program placements. Based upon the assessment, an inmate is placed in the appropriate housing. IDOC facilities are prohibited by policy from placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units solely based on such identification or status. Inmates (targeted and random) interviewed during this audit denied housing, bed, work, education, and program placements based on sex, gender identity, nor were transgender inmates placed in dedicated facilities, units, or wings solely based on identification or status.

The PREA Coordinator, indicated that IDOC considers whether to assign a transgender or intersex inmate to a facility for male or female inmates on a case-by-case basis. IDOC would consider whether the placement of an inmate would ensure the inmate's health and safety, and whether a placement would present management or security problems. Furthermore, the PREA Coordinator detailed that upon receiving notification that an inmate has been determined to be transgender or diagnosed as intersex, he would notify the PREA Compliance Manager and the inmate would be placed on the facility's tracking mechanism for LGBTI inmates. The PREA Compliance Manager confirmed that in his role it was his responsibility to confirm the initial placement and programming assessment with subsequent reassessments being conducted every six (6) months in accordance with Section XI of Policy and Administrative Procedure 02-01-115, Sexual Abuse Prevention.

More, the PREA Compliance Manager indicated that each transgender or intersex inmate's own views with respect to his or her own safety would be given serious consideration when making facility and housing placement decisions or programming. The Warden confirmed that Plainfield Correctional Facility does not have a dedicated unit, or wing solely for the placement of LGBTI or inmates pursuant to a consent decree, legal settlement, or legal judgement.

A targeted inmate who self-identified as transgender confirmed the ability to shower separately from other inmates. More, the same inmate affirmed that staff considered his own views with respect to his or her own safety was given serious consideration when making facility and housing placement decisions and programming assignments. During this audit there were zero intersex inmates.

Specialized staff interviewed confirmed during interviews that if staff determines that an inmate is a potential aggressor or potential victim, the inmate's record shall be appropriately flagged in the inmate electronic information system. Plainfield Correctional Facility met the requirements of Standard 115.42.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 01-04-101 (Adult Offender Classification)
- Policy 02-01-118 (Transgender and Intersex Procedure)
- Plainfield Correctional Facility Memo: Placement of Offenders
- Review of Sexual Violence Assessment Tool (SVAT) documentation
- Interview with the PREA Coordinator
- Interview with the Warden
- Interview with the PREA Compliance Manager
- Interviews with staff (random and specialized)
- Interviews with inmates (random and targeted)
- Auditor observations
- Review of facility schematics

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No N/A
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No N/A
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No N/A

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-11-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.43. The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available means of separation from likely abusers.

The facility PAQ confirmed zero inmates were placed in segregation prior to an initial SVAT review and assessment in the past 12-month period and zero inmates were placed in segregation longer than 30 days according to the Warden and PREA Compliance Manager.

The PREA Coordinator detailed his knowledge and understanding regarding the requirements for involuntary placement in segregation in this standard being less than 24 hours pending an assessment. During the facility tour the Auditor completed room-by-room observations of inmates in segregation. Zero complained of placement resulting from sexual victimization or high risk of sexual victimization. Plainfield Correctional Facility met the requirements of Standard 115.43.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Plainfield Correctional Facility Memo: Placement of Offenders
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Interview with the Warden
- Facility tour

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No N/A

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.51. IDOC provides multiple internal ways for inmates to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; AND staff neglect or violation of responsibilities that may have contributed to such incidents. Reporting methods include a hotline, electronic email, mail, filing a grievance, verbally, telling a trusted staff person and third-party reporting. IDOC does not detained inmates solely for civil immigration purposes.

By mail or telephone inmates also have at least one way for inmates to report sexual abuse or sexual harassment to the Indiana Ombudsman Bureau (IOB). The Indiana Ombudsman Bureau allows inmates to remain anonymous. The IDOC Indiana Ombudsman Bureau was created by the legislature in the fall of 2003. Per IC 4-13-1.2-1 through 4-13-1.2-12. The Bureau is charged with the responsibility of receiving, investigating, and attempting to resolve complaints from inmates housed in IDOC facilities or inmates' family members that the IDOC accuses of violating a specific law, rule, department written policy or endangered the health or safety of a person.

Each staff interviewed during the audit confirmed that they understood their duty to report all allegations of sexual abuse or sexual harassment. Likewise, each inmate sampled (random and targeted) was able to discuss multiple ways of reporting sexual abuse and sexual harassment. Most (86%) inmates sampled indicated that they would simply inform staff. All inmates (random and targeted) sampled were knowledgeable of the grievance process. Plainfield Correctional Facility met the requirement of Standard 115.51.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Auditor review of forms and reporting documentation
- Inmate brochures
- Posted announcement on living units (Indiana Ombudsman's Bureau)
- Inmate handbook
- Facility tour
- Inmate grievance report of allegation
- Interviews with inmates (random and targeted)
- Interviews with staff
- Interview with the PREA Coordinator

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not

ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No N/A
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No N/A

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No N/A
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No N/A

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No N/A
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No N/A
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No N/A

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No N/A

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party file such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No N/A
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No N/A

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No N/A
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No N/A
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No N/A
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No N/A
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No N/A
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No N/A
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No N/A

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No N/A

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Policy 00-02-301 Inmate Grievance Process and Policy 02-01-115 Sexual Abuse Prevention and collectively address the requirements of Standard 115.52. The IDOC is not exempt from this standard.

Policy 00-02-301, Inmate Grievance Process, Section I, Policy Statement reads:

It is expected that offender complaints will be resolved informally by staff attempting to meet and discuss the complaints prior to the offender filing a written grievance.

Policy 00-02-301, Inmate Grievance Process, Section IV, Use of the Offender Grievance Process reads:

The Department recognizes only one grievance process. The grievance process described in this policy and administrative procedure is the only administrative remedy officially recognized by the Department for the resolution of offenders' grievable issues. The complete offender grievance process consists of the following steps:

1. A formal attempt to solve a problem or concern following unsuccessful attempts at informal resolutions;
2. A written appeal to the Warden/designee; and,
3. A written appeal to the Department Grievance Manager.

Matters Appropriate to the Inmate Grievance Process:

Examples of issues which an inmate may initiate the grievance process include, but are not limited to:

1. The substance and requirements of policies, procedures, and rules of the Department or facility (including, but not limited to, correspondence, staff treatment, medical or mental health, some visitation, and food service).
2. The way staff members interpret and apply the policies, procedures, or rules of the Department or of the facility.
3. Actions of individual staff, contractors, or volunteers.
4. Acts of reprisal for using the Inmate Grievance Process.
5. Any other concerns relating to conditions of care or supervision within the Department or its contractors, except as noted in this policy and administrative procedure; and,

6. PREA.

Policy 00-02-301, Inmate Grievance Process, Section C. Emergency Grievance

The Auditor interviewed the Warden during the onsite portion of this audit. The Warden detailed the emergency grievance process. The Offender Grievance Specialist would immediately bring an emergency grievance to the attention of the Warden/designee, for review and response within one (1) business day of the offender filing the grievance. The action on any emergency grievance may be appealed by the offender within one (1) business day of receiving the response. The Offender Grievance Specialist will notify, via email, the Department Offender Grievance Manager, that the appeal has been submitted. The Department Offender Grievance Manager then issues a final Department decision within five (5) business days of the offender filing the grievance.

Policy 00-02-301, Inmate Grievance Process, PREA Grievances, Section D.

Standard 115.52 (b) requires the agency to always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Policy 00-02-301, Inmate Grievance Process, PREA Grievances, Section D. of the grievance process removes standard time limits for submission of a grievance and permits inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits. However, Policy 00-02-301, Inmate Grievance Process, Policy Statement excerpt stipulates:

“...it is expected that offender complaints will be resolved informally by staff attempting to meet and discuss the complaints prior to the offender filing a written grievance.”

This segment of the grievance process conflicts with direction provided to staff found in other sections of the same policy.

Inmate Grievance Process, Section D., PREA Grievances, paragraph one (1) indicates that the Warden shall forward the emergency grievance to the Offender Grievance Specialist, who shall provide an initial response within forty-eight (48) hours of the offender filing the emergency grievance. This information contrasts with verbiage found in, Inmate Grievance Process, Section C., Emergency Grievance.

The PREA Coordinator confirmed during his interview that the agency would issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The interview with the PREA Coordinator is consistent with Policy 00-02-301, Inmate Grievance Process, Section D. and Standard 115.52. Furthermore, the PREA Coordinator indicated that if the agency claims the maximum allowable extension of time to respond per 115.52(d)(3), the agency will notify the inmate in writing of any such extension and provide a date by which a decision will be made. The PREA Coordinator confirmed his understanding that if an inmate does not receive a response within the time allotted for reply by the agency, including any properly noticed extension, the absence of a response is considered a denial at that level.

Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted by IDOC to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse. IDOC, Policy 00-02-301 Inmate Grievance Process, Subsection D. reads:

“Third parties, including other offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating

to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If a third-party file such a request on behalf of an offender, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on his/her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his/her behalf, the Department shall document the offender's decision."

The PCM indicated that Plainfield may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. The facility investigator confirmed during his interview that IDOC may claim an extension of time to respond, of up to seventy (70) days if the normal time for response is insufficient to make an appropriate decision. The IDOC shall notify the inmate in writing of any such extension and provide a date by which a decision shall be made.

The agency disciplines an inmate for filing a grievance related to alleged sexual abuse, ONLY where the agency demonstrates that the inmates filed the grievance in bad faith outlined in Policy 02-11-115 and 00-02-301. Plainfield met the requirements of Standard 115.52.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 00-02-301, Inmate Grievance
- Policy 02-1-115, Sexual Abuse Prevention
- Interviews with staff
- Interviews with inmates
- Interview with the PREA Compliance Manager
- Inmate Handbook and Brochure

Cautionary Note:

- While the agency met the requirements of Standard 115.53 this Auditor highly recommends that the agency consider a modification to policy, Offender Grievance Process, 00-020301 to improve clarity for IDOC staff.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Policy 02-01-102, Inmate Visitation, PREA posters, PREA pamphlets, and the Victim Advocacy agreement with the Indiana Coalition Against Domestic Violence (ICADV). was provided through an online platform (Syncplicity) for the Auditor's review. Both policies coupled with PREA related informational brochures and service agreements all address Standard 115.53. According to the Warden and PREA Coordinator, Plainfield never detains inmates solely for civil immigration purposes therefore the Auditor considers Plainfield exempt from Standard 115.53 (a) as it pertains civil detention.

By examination of the Auditor determined that the agency provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing

addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations.

More, Plainfield provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The Auditor noted during her tour of the facility contact information for Indiana Coalition Against Domestic Violence (ICADV) was displayed throughout the facility. The scope of assistance provided by advocacy agency has been impacted by the pandemic to some degree. The toll-free availability is 24 hours a day, seven days a week, hospital response, crisis line, legal, medical, and dental assistance; learn parenting skills for single-parent households; acquire education and job skills to support your independence; secure transitional or permanent housing; and pursue employment or job training opportunities.

During interviews with inmates (random and targeted) all stated they have access to legal counsel if necessary, and it is not counted towards their weekly telephone call allotment. The same information is found in the information provided to inmate during the intake process. During interviews, inmates (100%) confirmed the telephone calls practice at the facility. Plainfield met the requirements of Standard 115.53.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Contractual Agreement: Indiana Coalition Against Domestic Violence
- Policy 02-01-102, Inmate Visitation
- Policy 02-01-115 Sexual Abuse Prevention
- Facility tour
- Verification of inmate access to outside support services
- Internet search: Indiana Coalition Against Domestic Violence
- Internet search: Indiana VINE
- Internet search: AbuseLawsuit.com
- Internet search: Maryville University (Understanding the Me-Too Movement: A Sexual Harassment Awareness Guide
- Interviews with inmates (random and targeted)
- Interviews with staff (random and specialized)
- Interviews with the PREA Coordinator
- Interviews with the PREA Compliance Manager
- Service posted notice: Victims of Sexual Abuse, Indiana Coalition Against Domestic Violence (English)
- Service posted notice: Victims of Sexual Abuse, Indiana Coalition Against Domestic Violence (Spanish)

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-11-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.54. The facility accepts all third-party reports of inmate sexual abuse or sexual harassment but failed to upload a policy. The agency established a method to receive third-party reports of sexual abuse and sexual harassment that can be found on the agency's website. More, third-party reports are accepted by the Indiana Ombudsman Bureau. The agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate on their website. The website provides contact information as well as whom the third-party reporter will speak to when communicating with the agency. Plainfield Correctional Facility met the requirement of Standard 115.54.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Facility tour
- Indiana Department of Correction website
- Interview with the Indiana Ombudsman Bureau
- Internet search: Indiana Coalition Against Domestic Violence
- Visitor's PREA Brochure
- Interviews with staff (random and specialized)
- Interviews with inmates (random and targeted)
- Interview with the PREA Coordinator

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention and 04-03-103, Information and Standards of Conduct for Department Staff addresses Standard 115.61. The Plainfield inmate population is over the age of 18 years old. If the alleged sexual abuse involves an endangered/vulnerable adult offender, the incident is reported to the Child Protective Services as required by Policy 03-02-103, "The Reporting, Investigation and Disposition of Child Abuse and Neglect."

Policy 02-01-115 and 04-03-103 mandates IDOC staff to include contractors, to immediately report any knowledge, suspicion, or information they receive regarding sexual abuse and harassment, retaliation against inmates or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Interviews with staff (random and specialized) (100%) confirmed that they understand their responsibilities regarding Standard 115.61, and that sexual misconduct is prohibited by IDOC and the Indiana State Code.

Indiana Code 35-44.1-3-10 states a staff person who knowingly or intentionally engages in sexual intercourse or deviate sexual conduct with an offender commits sexual misconduct, a Class D felony. The Department will aggressively pursue criminal prosecution of a staff person who violates Indiana Code 35-44.1-3-10.

Apart from reporting to designated supervisors or officials, the agency PREA Investigator interviewed during the onsite portion of the audit, confirmed that IDOC prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, or other security and management decisions.

Moreover, the PREA Coordinator confirmed in an interview that IDOC also requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who report an incident of sexual abuse or sexual harassment, and information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. Plainfield staff sampled during the audit (100%) indicated all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, would be reported to the facility's designated shift supervisor, PREA Compliance Manager and PREA investigator(s).

Further, the PREA Investigator confirmed to the Auditor that he would accept allegations of sexual abuse from third parties and anonymous individuals and investigate the report. If a PREA incident involved a vulnerable adult inmate under a State or local vulnerable persons statute, the agency would report the allegation to the designated State or local service agency under applicable mandatory reporting laws.

Staff (random and specialized) (100%) sampled during the audit confirmed that they understood the agency mandate that all staff report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.

Furthermore, medical, and mental health practitioners sampled during the audit affirmed a responsibility to inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services.

The Duty to Report form documents that at the initiation of treatment by a medical or mental health practitioner the inmate is informed of the parameters of the practitioner's PREA duty to report allegations of sexual abuse or sexual harassment unless it did not occur in an institution. The inmate is then required to sign the document, print his name, and enter his IDOC number.

The Warden, PREA Compliance Manager and a PREA Investigator were interviewed during separate interviews, each confirmed during their respective interviews an understanding of their role and responsibility and that upon receiving any allegation of sexual abuse, to promptly report the allegation to the appropriate IDOC office. Interviews with staff (random and specialized) support compliance with Standard 115.61. Plainfield met the requirements of Standard 115.61.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-11-115, Sexual Abuse Prevention
- 04-03-103, Information and Standards of Conduct for Department Staff
- Interviews with staff (random and specialized)
- Interviews with inmates (random and targeted)
- Interview with the PREA Coordinator
- Interview with the Warden
- Interview with the PREA Compliance Manager
- Interview with a PREA Investigator
- Indiana Code 35-44.1-3-10

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.62. The policy requires staff to take immediate action to protect an inmate when he/she is identified as being subject to substantial risk of imminent sexual abuse. The PAQ indicates in the past twelve months there was zero instances of an inmate subject to substantial risk of imminent sexual abuse. The Auditor confirmed information in the PAQ with the Warden and PREA Compliance Manager on site. A review of investigations confirmed in each incident staff acted immediately by reporting the incident, protecting the victim from the accused aggressor. Plainfield Correctional Facility met the requirements of Standard 115.62.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Interviews with staff
- Interviews with random and targeted inmates
- Interview with the PREA Coordinator
- Interview with the Warden

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 115.63. The policy requires: when a Warden/Superintendent or designee receives an allegation that an inmate was sexually abused at another facility, the Warden/Superintendent or designee receiving the allegation shall notify the head of the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document he/she has provided such information. The Warden that receives such notification shall ensure that the allegation is investigated in accordance with this policy and administrative procedure.

During the past 12 months, there was zero (0) allegation received that an inmate was abused while confined to another facility. The Auditor confirmed information found in the PAQ specific to Standard 115.63 with the Warden and PREA Compliance Manager. Both the Warden and the PCM confirmed that 115.63 (b) requires documentation of the allegation from an inmate and notification is provided as soon as possible, but no later than 72 hours after receiving the PREA allegation. Further, a review of investigative reports found zero allegations that an inmate was sexually abused at another facility. Plainfield Correctional Facility met the requirements of Standard 115.63.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interview with the Warden
- Interview with the PREA Compliance Manager
- Review of investigative reports

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 116.64. The policy requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy

physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence.

Staff sampled during this audit detailed a clear understanding of the actions to be taken upon learning that an inmate was sexually abused. Likewise, the Auditor interviewed one (1) non-security first responder. She explained her responsibility as a first responder is to request that the alleged victim not take any actions that could destroy physical evidence, and then notify shift supervisor immediately. The Auditor also interviewed a security first responder for the purposes of this audit. The security first responder indicated that he would protect the victim and prevent the destruction of physical evidence. The facility PAQ confirmed there were nine (9) allegations of sexual harassment, eight (8) allegations of inmates being sexually abused and zero allegations where staff were notified within a time that still allowed for the collection of physical evidence. The Auditor confirmed by examination that in each allegation of sexual abuse the inmate was notified in writing of the outcome of the investigation. All sexual assault allegations were investigated, closed. The PREA Compliance Manager and the PREA Coordinator confirmed information contained in the PAQ relative to this standard as correct. Plainfield Correctional Facility met the requirements of Standard 115.64.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interviews with staff (random and specialized)
- Interviews with random and targeted inmates
- Review of investigative reports
- Interview with the PREA Compliance Manager
- Interview with the Warden
- Interview with a First Responder (non-security)
- Interview with a First Responder (security)

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 115.65. The policy outlines the written plan that coordinates actions to be taken in response to an incident of sexual assault among staff first responders, medical and mental health care practitioners, and facility leadership. The plan was reviewed and follows this standard. Interviews with the Warden and other staff revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse and in keeping with the facility's coordinated response plan. Plainfield Correctional Facility met the requirements of Standard 115.65.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interviews with staff
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Indiana Department of Correction is not a collective bargaining agency; therefore, this standard is not applicable. Plainfield Correctional Facility met the requirements of Standard 115.66.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator
- Interview with the Warden

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 Sexual Abuse Prevention and Policy 00-01-103, Investigations, and Intelligence collectively address the requirements of Standard 115.67. Policy 00-01-103, Investigations, and Intelligence requires the Office of Investigation and Intelligence to ensure the protection of inmates and staff who have reported sexual abuse or sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation.

The agency has established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency has designated which staff members or departments are charged with monitoring retaliation.

The agency has designated the PREA Committee to monitor staff and inmates for signs of retaliation. Specifically, at PCF, the PREA Compliance Manager facilitates the PREA Committee meetings. The PREA Committee designates a committee member (Unit Team Staff) to monitor a staff or inmate for signs of retaliation.

The Auditor interviewed the PREA Compliance Manager. As the facilitator of the PREA Committee, the PREA Compliance Manager explained his role. In detail, the PREA Compliance Manager provided the Auditor with examples of protective measures he would employ such as removal of alleged staff or inmate abusers from contact with victims for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Auditor also examined IDOC, PREA Retaliation Monitoring form which included monitoring efforts that occurred in the last 12-month period. For at least ninety (90) days or three consecutive facility PREA Committee Meetings following an allegation of sexual abuse and/or sexual harassment, the facility PREA Committee is task with monitoring and documenting the conduct and treatment of inmates or staff who have reported sexual abuse and/or sexual harassment to determine if there are any changes that may suggest possible retaliation by offenders and staff and shall act promptly to remedy any such retaliation.

Actions and behaviors the facility PREA Committee shall monitor include any inmate reports of conduct, housing or program changes, or negative performance reviews or reassignments of staff. According to the PCM, monitoring may exceed ninety (90) days based on the information gathered during the initial observation period. In the case of inmates, PREA retaliation monitoring includes periodic status checks. The agency mandates that inmates being monitored were reviewed face-to-face as necessary at 15, 30, 45, 60, 75 and 90-day intervals or longer if deemed necessary. Where applicable, Plainfield documented retaliation monitoring of inmate victims of sexual abuse. Other individuals cooperating with an investigation who express fear of retaliation shall be monitored as well. A facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded.

During his interview, the Warden indicated that Plainfield employs multiple protection measures, such as housing changes or transfers for inmates' victims or abusers, removal of alleged staff or inmates' abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility PAQ, 115.67 (c) -5, indicates the number of times an incident of retaliation occurred in the past 12-month period as zero (0). The Auditor review of investigative reports found one (1) incident of retaliation against an inmate. The staff (accused) was called to military duty during the investigation and therefore was not interviewed. It is unclear if or when he returned from active duty or what actions Plainfield took to address the PREA violation. The absence of follow-up leaves in question if the facility took the appropriate measures to protect the inmate against retaliation.

Equally problematic, was a review of a sample of Plainfield PREA Retaliation Monitoring forms relative to this review period. The Auditor determined that monitoring abruptly ends during the period of observation without justification for the discontinuation of the retaliation monitoring. After corrective action, Plainfield met the requirements of Standard 115.67.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Sample: PREA Retaliation Monitoring Form
- Interview with the PREA Compliance Manager/Retaliation Monitor
- Interview with the Warden
- Review of investigative reports
- Review of PREA Committee minutes (corrective action)

Corrective Action:

Plainfield will re-visit the investigation which led to staff retaliation of an inmate. If appropriate, Plainfield will provide evidence of staff corrective action if the employee is still employed with the agency. Plainfield will provide all security staff to include custody supervisors with re-fresher training regarding Standard 115.67 coupled with applicable agency policies relative to the subject of retaliation. The PREA Compliance Manager will participate in the training. Plainfield will document attendance by printing the names of all custody staff, documenting the training date, and providing a signature of acknowledgement.

The agency PREA Coordinator has revised the retaliation document to include dates and times monitoring occurred and provide a signature line for the inmate being monitored. In the event retaliation monitoring ends because an inmate is transferred, discharged, etc. the retaliation monitor will

notate the reason for the discontinuation of the monitoring. Likewise, the Auditor will examine retaliation monitoring for as long as is necessary to determine if corrective action was effective.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) and Policy 02-01-107 (The Use and Operation of Protective Custody) address the requirement of Standard of 115.68. Plainfield will only restrict an inmate to a room as a last measure to keep an inmate who alleges sexual abuse safe and then only until an alternative means for keeping the inmate safe can be arranged. The facility provided a memo confirming that the facility will not place an inmate who alleged to have suffered sexual abuse in an involuntary segregation unit unless it is the last option. Plainfield Correctional Facility met the requirements of Standard 115.68.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 02-01-107 (The Use and Operation of Protective Custody)
- Plainfield Correctional Facility Memo: From the Warden regarding the placement of inmates at high risk for sexual victimization from being placed in involuntary protective custody dated 9/8/2020
- Interview with the PREA Compliance Manager
- Interviews with random and targeted inmates
- Interview with supervisor from segregation
- Facility tour

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No N/A
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No N/A

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Assault Prevention and Policy 00-01-103, Investigation and Intelligence collectively address the requirements of Standard 115.71. IDOC criminal, third party, administrative and anonymous investigations are conducted by the Office of Investigations.

Per Policy 02-01-115 and 00-01-103, IDOC administrative and criminal investigations are documented, and the appropriate investigation is forwarded to the prosecutor's office or law enforcement when applicable. Policy 02-01-115, Sexual Assault Prevention and Policy 00-01-103, Investigation and Intelligence indicates that IDOC uses investigators who have received specialized training in sexual abuse investigations. The PAQ relative to Standard 115.71 indicates the number of substantiated allegations of conduct that appeared to be criminal referred for prosecution was zero. The Auditor confirmed this information with the Warden, PREA Compliance Manager and PREA Coordinator. Likewise, the Auditor sampled investigative reports to measure compliance with this standard.

The Auditor interviewed an investigator during the onsite portion of the audit to confirmed that in his role, he gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews alleged victims, suspected perpetrators, and witnesses, and reviews prior reports and complaints of sexual abuse involving the suspected perpetrator. The Auditor found no evidence of the use of a polygraph examination or other truth-telling device in the reports sampled for this audit. When the quality of evidence appears to support criminal prosecution, IDOC sworn Correctional Police Officers (CPO) would conduct compelling interviews after consultation with local prosecutors. The consultation prevents the said compelled interviews from posing an obstacle for subsequent criminal prosecution.

A sample of administrative investigations from Plainfield were examined by the Auditor. The Auditor determined that investigations conducted by agency investigators from the Office of Internal Investigations and Plainfield required corrective actions because:

1. The Auditor found it problematic to read through some case reports and understand the steps the investigator employed to arrive at a conclusion. Investigative interviews conducted by a PREA Compliance Manager typed written on plain paper with no letterhead by the PREA Compliance Manager based on hearsay from an I and I Investigator. Plainfield failed to follow departmental policy which requires all investigations to be entered into the Office of Investigations and Intelligence, Internal Affairs Case Management (IACM) database. For example, Incident #1, an inmate alleges sexual harassment by his roommate. The victim contends that his roommate allegedly made verbally sexually explicit and suggestive comments to him. The accused denied the allegations. The inmates were interviewed by an investigator

from OII. The PREA Compliance Manager completed a “case finding worksheet” on the incident based upon an email summary from the OII Investigator. Documentation provided did not include a witness statement from the investigator assigned to the case, the email from the OII investigator or witness statements completed by both parties to the incident. Absent from investigative documents were witness statements from the dorm manager attesting to his knowledge of the incident.

2. In consultation with the PREA Coordinator the Auditor supports the utilization of the investigative checklist to enhance PREA related administrative and criminal investigative reports. At a minimum, this corrective action will improve the quality and consistency of written reports. All reports will contain a thorough description of the physical, testimonial, and documentary evidence and contain attached copies of all documentary evidence where feasible. All investigators must complete the PREA investigative checklist and ensure that each report documents the items on the checklist. The PREA Coordinator will provide a PowerPoint presentation that must be reviewed by all investigators. After review of the PowerPoint investigators will sign off that they have reviewed it. The PREA Coordinator will provide the Auditor with copies of the acknowledgement of training documents.

There were (0) substantiated allegations of sexual abuse during this reporting period that were referred for criminal prosecution. The Auditor reviewed investigations completed for 30 days to evaluate compliance with this standard. After corrective action, Plainfield met the requirements of Standard 115.71.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 00-01-103 (Investigations and Intelligence)
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interview with investigators
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Review of the investigation
- Review signed acknowledgment regarding the PP presentation on investigations

Corrective Action:

Written reports of PREA investigations were inconsistently documented to support findings. In general reports lack the requisite thorough descriptions of the physical, testimonial, and documentary evidence. Other reports contained little documentary evidence. Witness statements were absent from the investigation and some investigations completed by the PREA Compliance Manager were in fact investigated by OII. The form and format varied from report-to-report for investigations generated from the Office of Internal Investigations and the facility. The Auditor found it problematic to read through some case reports and understand the steps the investigator employed to arrive at a conclusion. In one incident of document retaliation the facility failed to complete the investigation with a statement from the accused staff person upon his return from military duty.

1. IDOC will modify the electronic document, Report of Investigations to reflect the findings of the investigator. The Case Status of the investigation should reflect the narrative found in the conclusion or disposition of the investigation.

2. Some sexual abuse investigations were completed by Plainfield PREA Compliance Manager instead of the Office of Internal Investigations. All sexual abuse allegations (Abusive Contact, non-consensual sex acts, staff sexual misconduct) must be investigated by the Office of Internal Investigations, investigators that have completed the specialized investigative training as required in Standard 115.34. The PCM should not conduct Sexual Abuse investigations. This is also in keeping with the IDOC policy.
3. The PREA investigative checklist will be part of the corrective action to improve the quality and consistency of written reports. All reports will contain a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. All investigators must complete the investigative checklist and ensure the report documents the items on the checklist. The PREA Coordinator will provide a PowerPoint presentation that PREA Investigator must be reviewed by all investigators at Pendleton. After review of the PowerPoint presentation investigators will sign off that they have reviewed it. The PREA Coordinator will provide the Auditor with copies of all acknowledgement of training documents.
4. The Auditor will review all investigations completed for the next 30 days.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 00-01-103 (Investigation and Intelligence) addresses the requirement of Standard 115.72. The policy states the agency and by extension the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative and criminal investigations. Plainfield Correctional Facility met the requirements of Standard 115.72.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 00-01-103 (Investigation and Intelligence)
- Interview with the PREA Compliance Manager
- Interview with the investigator

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No N/A

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit? Yes No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) and Policy 00-01-103 (Investigations and Intelligence) both address the requirement of Standard 115.73. IDOC conducts investigations into sexual abuse. Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, agency/Plainfield informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The standard requires that after an allegation of sexual abuse the inmate shall be informed verbally or in writing as to whether the allegation was substantiated,

unsubstantiated or unfounded. All such notifications and attempts of notifications were documented. There were eight (8) investigations into the allegation of sexual abuse and eight (8) inmates received the required notification. Plainfield Correctional Facility met the requirements of Standard 115.73.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigations and Intelligence)
- Review of investigative files
- Interview with the PREA Compliance Manager
- PREA inmate notification

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff) addresses the requirement of Standard 115.76. The policy outlines the agency's disciplinary response related to violations of PREA policies by staff. Specifically, disciplinary sanctions for staff may include termination. The policy specifically states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. The failure to participate in an investigation shall also be grounds for terminating employment. The facility PAQ confirmed by the PCM and PREA Coordinator that in the past 12 months there was zero staff members terminated for violating the facility's PREA policies and one staff member disciplined for violating the departments zero tolerance policy regarding sexual abuse/harassment against an inmate. Plainfield Correctional Facility met the requirements of Standard 115.76.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff)
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Review of investigation files
- Sexual Abuse Incident Review

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 115.77. The policy states that any contractor or volunteer engaging in sexual abuse of inmates will be subject to referral to local law enforcement. The policy further requires that the contractor or volunteer is prohibited from having contact with inmates. During the past 12 months, zero contractors have been reported to law enforcement. The PREA Compliance Manager confirmed information contained in the PAQ relative to this standard. Plainfield Correctional Facility met the requirements of Standard 115.77.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Review of investigation file
- Interview with the PREA Compliance Manager

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-04-101 (Disciplinary Code for Adult Offenders) addresses the requirement Standard 115.78. The policy states that inmates may receive disciplinary sanctions following an administrative finding or a criminal investigation that an inmate engaged in inmate-on-inmate sexual abuse and sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. There were 1 administrative findings of guilt for inmate-on-inmate sexual abuse in the past 12 months. The PREA Compliance Manager confirmed information contained in the PAQ relative to this standard. The facility prohibits all sexual activity between inmates and may discipline inmates for such activity. The facility will not deem sexual activity to constitute sexual abuse if it determines that the activity was not coerced. There were on zero cases of inmate-on- inmate sexual activity that were determined to be a noncoerced acts. Plainfield Correctional Facility met the requirements of Standard 115.78.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-04-101 (Disciplinary Code for Adult Offenders)
- Interview with random and targeted inmates
- Investigative reports
- Consensual report
- Interview with the PREA Compliance Manager

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No N/A

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No N/A

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 115.81. Inmates who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical or mental health practitioner within

14 days of the intake screening. The facility obtains informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Staff interviews confirmed compliance with this policy. In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow up meeting with a mental health practitioner was 100%. The facility PAQ confirmed 100% inmates arrived that had previously perpetrated sexual abuse whether it occurred in an institution setting or in the community, and all were set up with a follow up meeting with a mental health practitioner within 14 days of the intake screening. The PREA Compliance Manager confirmed information contained in the PAQ relative to this standard. Plainfield Correctional Facility met the requirements of Standard 115.81.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Offender information system
- Auditor review of behavioral health and intake documentation
- Sexual Violence Assessment Tool (SVAT)
- Consent for treatment form
- Interviews with medical and mental health staff
- Interview with the PREA Compliance Manager

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 115.81. The policy requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgment. The inmate victim will be afforded a forensic examination at no cost to the victim. The PREA Compliance Manager confirmed information contained in the PAQ relative to this standard. Plainfield Correctional Facility met the requirements of Standard 115.82.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interviews with medical and mental health practitioners
- Interview with the PREA Compliance Manager
- Interview with a first responder (non-security)
- Interview with a first responder (security)

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No N/A

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No N/A

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-02-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.83. The policy addresses ongoing medical and mental health care for sexual abuse victims and abusers. It also provides for the appropriate tests to be provided. The policy requires the facility to attempt to obtain a mental health evaluation within 60 days of learning of inmate-on-inmate abusers and offer treatment deemed appropriate by a mental health practitioner. The facility documented such actions and provided supporting documentation. ICADV is under contract to provide comprehensive victim advocacy services on behalf of the IDOC. Services provided under the contractual agreement include:

- Provide emotional support services and referrals to adult and juvenile offenders through a hotline and through direct request.
- Provide outside confidential support services including counseling, meeting with advocates or support services, hotline, accompaniment to sexual assault exams when requested
- Create, update, and distribute to DOC PREA coordinators list of all SANE nurses at Indiana hospitals
- Provide follow up services, crisis intervention contact, resources, and referrals to victims of sexual abuse in DOC facilities
- Follow mandated reporting guidelines established by Indiana law
- File reports and follow up on monthly basis to DOC coordinator
- Conduct investigation and advocacy training for DOC facilities as requested

Plainfield Correctional Facility met the requirements of Standard 115.83.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interviews with medical and mental health staff
- Interview with the PREA Compliance Manager
- Email correspondence from Indiana Coalition Against Domestic Violence, Inc., Executive Director

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility follows Standard 115.86 and provides information regarding the incident review team and its role. The incident review form details the make-up of the sexual abuse incident review team and the elements to be considered in their assessments of incidents such as: Whether monitoring technology should be deployed or augmented to supplement supervision by staff, adequacy of staffing levels in that area during different shifts, or whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

All applicable investigations conducted in last twelve (12) months documented an incident review upon completion of the investigation. The sexual assault incident review team includes upper-level management officials and allows for input from supervisors, investigators and medical or mental health practitioners. Interviews with staff revealed that they understand the purpose of the incident review team and the process. The PCM facilitates the Plainfield PREA Committee meetings and prepares a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head. The Auditor examined the minutes from the Plainfield PREA Committee Meetings incident reviews completed in the past 12-month period. Plainfield Correctional Facility met the requirements of Standard 115.86.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Interviews with members of the Sexual Abuse Incident Review Team
- Interview with the PREA Compliance Manager
- PREA Sexual Incident Report

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No N/A

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No N/A

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Indiana Department of Correction uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. A review of the annual report revealed it was completed according to this standard. Plainfield Correctional Facility met the requirements of Standard 115.87.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Plainfield Correctional Facility document: Sexual Incident Report
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Coordinator will review the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. The review of the agency Sexual Assault Prevention Program Annual Reports confirms this practice. Plainfield Correctional Facility met the requirements of Standard 115.88.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- SIR Data Report
- Sexual Assault Prevention Program Annual Report
- Interview with the PREA Coordinator

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires that data is collected and securely retained for 10 years unless applicable laws require otherwise. The aggregated PREA data is reviewed and all personal identifiers are removed. A review of documentation confirmed the practice. Plainfield Correctional Facility met the requirements of Standard 115.89.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Sexual Assault Prevention Program Annual Reports
- Interview with the PREA Coordinator

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No N/A
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No N/A

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the tour of the facility the upcoming audit notice was found posted throughout the facility. The facility provided time-stamped electronic verification of the posting of the notice. All the agency required facilities were audited during the same time frame to meet the required deadline of one (1) audit within three (3) years. Plainfield Correctional Facility met the requirements of Standard 115.401.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Interview with staff and inmates
- Interview with the PREA Compliance Manager
- Facility documentation on Standard 115.401

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No N/A

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All Indiana Department of Correction facilities were audited prior to the end of the first audit cycle which ended August 19, 2016. All final audit reports are properly, publicly posted on the agency website. Plainfield Correctional Facility met the requirements of Standard 115.403.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Agency Website
- Interview with the Warden
- Interview with the PREA Compliance Manager

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Sonya Love

2/15/2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.